Meeting Minutes
Texas Council on Alzheimer's Disease and Related Disorders
Meeting Minutes – October 3, 2016; 11:00 a.m.
Texas Department of State Health Services
1100 W. 49th St., Austin, TX 78756
Moreton Building, room M-653

The Texas Council on Alzheimer's Disease and Related Disorders (Council) met on Monday, October 3, 2016, at the Texas Department of State Health Services, 1100 W.49th St., Austin TX 78756.

Council Members Present	**Guests Present**
Lisa B. Glenn, M.D. Debbie Hanna, Chair Rita Hortenstine Valerie J. Krueger Toni Packard Nancy Walker Melissa L. Edwards Laura DeFina, M.D. Francisco González-Scarano, M.D. Carlos Escobar, M.D. Kathlene E. Camp, P.T., D.P.T.	Carleigh Baudoin, M.P.H., DSHS - Health Promotion and Chronic Disease Prevention (HPCDP) Richard Kropp, DSHS - HPCDP Mack Harrison, DSHS – Office of General Counsel James Crowson, Attorney General's Office
Council Members Absent	**Program Staff Members Present**
The Honorable Clint Hackney, Vice-Chair Susan Rountree, M.D. Kate Allen Stukenberg Ronald Devere, M.D. Marc Diamond, M.D.	Lynda Taylor, DSHS - HPCDP

1. **Welcome/Call to Order/Roll Call/Excuse Absent Members**
   Debbie Hanna called the meeting to order at 11:25 a.m. Lynda Taylor certified roll, and a quorum was present. Members and guests were welcomed. Ms. Hanna excused absent members.

2. **Introduction of new members**
   Ms. Hanna introduced new Council members appointed by the Speaker of the House.

   - **Kathlene E. Camp, P.T., D.P.T.,** Adjunct Professor and Instructor for the Center of Geriatrics in the Institute for Health Aging at the University of North Texas Health Science Center (UNTHSC) in Fort Worth, Texas.
   - **Francisco González-Scarano, M.D.,** Dean of the School of Medicine and Vice President for Medical Affairs at the UT Health Science Center at San Antonio.
   - **Marc Diamond, M.D.,** is the founding Director of the Center for Alzheimer's and Neurodegenerative Diseases, and is a Professor of Neurology and Neurotherapeutics at UT Southwestern.

3. **Approval of Council Minutes from the March 3, 2016, Meeting**
   Ms. Hanna asked Council members to review the minutes from the March 3, 2016, meeting. Rita Hortenstine, moved that the minutes be approved as presented. Dr. Carlos Escobar seconded the motion. All were in favor, and the March 3, 2016, meeting minutes were approved as presented.

4. **Department of State Health Services (DSHS) Update**
   Richard Kropp, Acting Section Director for Health Promotion and Chronic Disease Prevention (HPCDP), provided updates from DSHS.

   Carleigh Baudoin is the new Manager for the Chronic Disease Branch of the HPCDP.

   Phase Two of the Health and Human Services (HHS) transformation will be complete by September 1, 2017, and the number of DSHS divisions will be reduced from six to three according to the current interim organizational chart. The HPCDP will be under the Division for Family and Community Health.

   A 4% cut in legislative appropriations for Chronic Disease was proposed, which will impact programs related to kidney disease, cardiovascular disease and stroke and preventable hospitalizations.

5. **Texas Alzheimer's Disease State Plan (Plan) Update by Co-Chairs**
Rita Hortenstine and Lynda Taylor as co-chairs provided an update on the Plan.

Ms. Hortenstine gave a brief history of the Council.

- The Council was established by the Texas Legislature in 1987 to serve as the state's advocate for people with Alzheimer's disease (AD) and those who care for them.
- In 1999, the 76th Texas Legislature mandated that the Council establish a consortium of AD centers, which is now known as the Texas Alzheimer's Research and Care Consortium (TARCC). TARCC is the first statewide coordinated AD research effort in Texass funded to create and expedite groundbreaking research into the cause and prevention of AD through a cohort of more than 1700 active participants. The funded AD efforts in Texas are named the Darrell K Royal Texas Alzheimer's Initiative.
- In 2005 the Texas Legislature approved the first appropriations for TARCC-funded efforts named in honor and memory of the iconic Texas football coach Darrell K. Royal.
- In 2008 the Council formed the Texas Alzheimer's' Disease Partnership (Partnership) of over 150 volunteers to assist the Council in planning, coordinating and implementing statewide strategic planning in Texas.
- In 2010 the Council launched the first Texas State Plan on Alzheimer's Disease. This was the first state plan to include a prevention goal. The Partnership has promoted the Plan and worked to implement projects involved in prevention, care and research. The Council is now updating the Plan.
- The TARCC Investigator Grant Program was developed to attract and expand research efforts in Texas by awarding more than $1 million in grants to Texas-based AD researchers for novel research and discovery in AD.
- The Texas CARES program is being developed as the first model program in Texas to establish memory capable communities and support for persons with AD and family caregivers.

The co-chairs described the structure for the updated Plan. The overall objective is to enhance the current Plan and make Texas a dementia friendly and memory capable state. Together these two ideas create our Texas vision. Feedback from the Partnership indicated the importance of using the phrase dementia friendly. Dementia friendly addresses all of the domains of the Plan, a person-centered approach and caregiver wellness. Memory capable highlights previous work on prevention and preserving memory as long as possible for those with dementia.

The co-chairs are guiding the Steering Committee to determine the best course for the Plan based on available resources. The Plan Steering Committee Members are

Caregiving
Alan Stevens, Ph.D.
Baylor Scott & White Health
Texas A&M Health Science Center College of Medicine

Disease Management
John Bertelson, M.D.
Seton Brain and Spine Institute
University of Texas – Dell Medical School

Science
Diana R. Kerwin, M.D.
Texas Alzheimer's and Memory Disorders
Texas Health Physicians Group
(Dr. Rachelle Doody was the former chair but has accepted a position in Switzerland.)

The Plan includes priority goals for the domains of Dementia Friendly Communities, Prevention and Aging Well, Disease Management, Caregiver Support and Science. These goals are similar to the current plan, inspired by the Texas Cancer Plan format and is informed by the Steering Committee. There will be a section regarding the basics of dementia friendly communities that is based on material from Dementia Friendly America and will provide information for many sectors of a community. Together these two sections will encourage and empower all Texans to take action on AD in their communities.

Dr. González-Scarano indicated the need to acknowledge diseases and conditions other than Alzheimer's disease.

Dr. Escobar indicated the need to address stigma regarding dementia.

6. Texas Alzheimer's Research and Care Consortium (TARCC)

a. Dr. Rachelle Doody of Baylor College of Medicine has resigned from the TARCC Steering Committee as she has accepted as position in Switzerland.

b. Ms. Hanna called for a motion to approve the nomination of Dr. Valory Pavlik as the Baylor College of Medicine Steering Committee member. Melissa Edwards moved that Dr. Pavlik be appointed the Baylor College of Medicine Steering Committee member. Ms. Hortenstine seconded the motion. All were in favor, and the nomination of Dr. Pavlik as the Baylor College of Medicine Steering Committee member was approved.

c. An extension has been granted for the report from the Texas A&M University Grant Program.

d. Ms. Hanna provided a handout regarding the External Advisory Committee Recommendations, June 5-6, 2016, Review of TARCC. Dr. Munroe Cullum could not attend today. The TARCC Steering Committee and all of the sites have reviewed the Recommendations, and there are no disagreements.

e. Ms. Hanna called for a motion to approve the nominations of Dr. Munroe Cullum and Dr. John Hart as External Advisory Compliance Committee Co-Chairs. Dr. Laura DeFina moved that Dr. Munroe Cullum and Dr. John Hart be appointed as External Advisory Compliance Committee Co-Chairs. Dr. González-Scarano seconded the motion. All were in favor, and the nominations of Dr. Munroe Cullum and Dr. John Hart as External Advisory Compliance Committee Co-Chairs were approved.

7. **Time and Date for Next Council Meeting**
   The next meeting of the Council has not yet been determined.

8. **Public Comment**
   There was no public comment.

9. **Adjourn**
   The meeting was adjourned at 1:00 p.m.

Texas State Plan on Alzheimer's Disease 2016-2021 - Update

Alan Stevens, Ph.D.
John Bertelson, M.D.
Rachelle S. Doody, M.D, Ph.D.
Diana Kerwin, M.D.
Rita Hortenstine
Lynda Taylor, M.S.W.

TEXAS
Department of
State Health Services

Steering Committee

TEXAS Department of State Health Services

Caregiving

Alan Stevens, Ph.D.

Baylor Scott & White Health;

Texas A&M Health Science Center College of Medicine

Disease Management

John Bertelson, M.D.

Seton Brain and Spine Institute;

University of Texas – Dell Medical School

Science

Diana R. Kerwin, M.D.

Texas Alzheimer's and Memory Disorders

Texas Health Physicians Group

Rachelle S. Doody, M.D., Ph.D.

Texas State Plan on Alzheimer's Disease 2016-2021 - Update

Alan Stevens, Ph.D.
John Bertelson, M.D.
Rachelle S. Doody, M.D, Ph.D.
Diana Kerwin, M.D.
Rita Hortenstine
Lynda Taylor, M.S.W.

TEXAS Department of State Health Services

State Plan 2010-2015

TEXAS Department of State Health Services

A Comprehensive Plan for Addressing the Burden of Alzheimer's Disease in Texas

2010 – 2015 Texas State Plan on Alzheimer's Disease

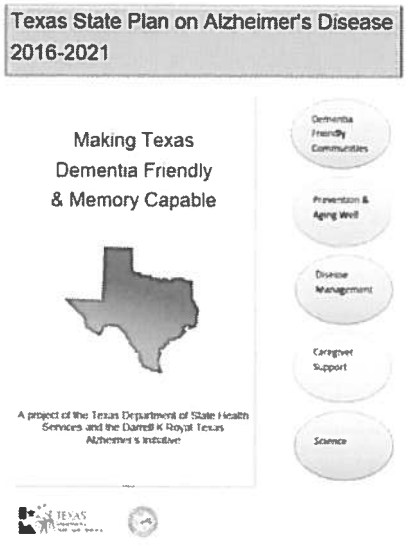
2

State Plan 2010-2015

- First for Texas
- Set the groundwork for priority AD issues
- Includes prevention
- Council and Stakeholder planning groups
- Opportunity to learn how to move forward

3

State Plan 2016-2021



4

Steering Committee

Caregiving
Alan Stevens, Ph.D.
Baylor Scott & White Health;
Texas A&M Health Science Center College of Medicine

Disease Management
John Bertelson, M.D.
Seton Brain and Spine Institute;
University of Texas – Dell Medical School

Science
Diana R. Kerwin, M.D.
Texas Alzheimer's and Memory Disorders
Texas Health Physicians Group

Rachelle S. Doody, M.D., Ph.D.
Baylor College of Medicine (formerly)

5

Perspectives

- Dementia Friendly = All aspects of dementia
  - Apply principles to all domains and goals
  - Person-centered approach
  - Caregiver wellness
- Memory Capable = Prevention
  - What current research indicates
  - Aging well
  - Preserving memory as long as possible for those with dementia

* Informed by Partnership Surveys

6

Two main sections of the Plan

- Priority Goals based on the five domains
  - Similar to current plan
  - Inspired by Texas Cancer Plan format
  - Steering Committee
- Basics of Dementia Friendly Communities
  - Sector Guides
  - Dementia Friendly America

7

Dementia Friendly

Supporting those with dementia and their families by learning about dementia; creating respectful and safe environments; adopting dementia friendly concepts in daily life, business practices and services; and promoting awareness and person-centered approaches within the community.

8

Memory Capable

Promoting evidence-based information about maintaining brain health, preserving memory for those with dementia for as long as possible, and supporting prevention research.

9

Texas Vision

Texas is becoming dementia friendly and memory capable.

Texas will educate the public, healthcare professionals and healthcare systems about memory disorders to facilitate the understanding and application of prevention approaches, early detection, diagnosis, and long-term management of such disorders. Texas will integrate the newest and best scientific information, clinical practices, experimental therapeutics and sociological models to provide an environment in Texas where every citizen can recognize and expect the highest quality of care and where members of society will be educated and empowered to support people with memory disorders as well as their caregivers and loved ones.

10

Five Domains

- Dementia Friendly Communities
- Prevention & Aging Well
- Disease Management
- Caregiver Support
- Science

11

Goal of the Plan

The goal of the plan is to empower Texans with the information and tools they need to be dementia friendly champions in their own communities and organizations and to support prevention approaches.

12

Community Champions

Encourage Texans to become champions in their communities and organizations

- Learn about the needs of those living with dementia and their caregivers
- Understand current knowledge about prevention
- Play a role in transforming their communities to support those with dementia
- Contribute to the AD priorities listed in the plan

13

Call to Action

Texas is ready to take the powerful step of becoming a dementia friendly and memory capable state. All Texans can play a part, and we will help you understand ways you can get involved.

14

Innovations

- Takes Texas to a new level
- Represents the collective impact of <u>all</u> Texans – Share the responsibility
- Join a national effort to create dementia friendly communities

15

Audiences – Any Stakeholder

- Individual Texans
- Those living with dementia
- Family Caregivers
- Professionals
- Organizations
- Businesses
- Healthcare systems
- Legislators
- Coalitions of all kinds

16

Activities of the Plan

- Recommendations include priority goals, strategies, projects
- Recommended evaluation for projects
- Guides for what you can do in all areas of your community – non traditional partners
- You choose what you can do in your community

17

Design Features

- Plain language
- Shorter narrative – key points and information
- Easier on the eye
- Prevention education tear out
- Use the plan like a workbook
- Create support documents available separately to reduce the bulk of the content

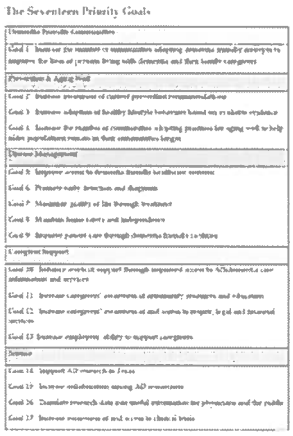
18

Heart of the Plan

Priority Goals based on the five domains

19

Priority Goals



20

Priority Goals – Domain Example

TEXAS Department of State Health Services

Disease Management

- Goal 5: Improve access to dementia friendly healthcare systems
- Goal 6: Promote early detection and diagnosis
- Goal 7: Maximize quality of life through treatment
- Goal 8: Maintain home safety and independence
- Goal 9: Improve patient care through dementia friendly facilities

21

Priority Goal 6

TEXAS Department of State Health Services


Goal 6: Promote early detection and diagnosis

DRAFT

Objective 6.1: Identify persons at risk for cognitive disorders

Strategic Action 1: Promote Medicare Annual Wellness visit to include assessments of mood and cognition

Strategic Action 2: Implement public awareness campaign related to early diagnosis and intervention

Strategic Action 3: Encourage providers to utilize validated assessment tools when assessing for depression and cognitive impairment

Strategic Action 4: Require that policies promoting cognitive assessments include focus on bi- multilingual and multicultural populations

Strategic Action 5: Promote early detection to the general public through education materials and public service announcements

Objective 6.2: Use appropriate diagnostic resources

Strategic Action 1: Promote primary care and specialist adoption of validated standards of diagnosis according to national guidelines (i.e., AAN Practice Parameter for Diagnosis of Dementia)

Strategic Action 2: Reduce barriers to access of standard laboratory and diagnostic imaging, including for patients who are uninsured or underinsured

22

Objective 6.1 (detail)

Objective 6.1: Identify persons at risk for cognitive disorders

- **Strategic Action 1**: Promote Medicare Annual Wellness visit to include assessments of mood and cognition
- **Strategic Action 2**: Implement public awareness campaign related to early diagnosis and intervention
- **Strategic Action 3:** Encourage providers to use validated assessment tools when assessing for depression and cognitive impairment
- **Strategic Action 4**: Require that policies promoting cognitive assessments include Texans with multilingual and multicultural backgrounds
- **Strategic Action 5:** Promote early detection to the general public through education and public service announcements

23

Five Domain Sections

Each domain will have a section

- Dementia Friendly Communities
- Prevention & Aging Well
- Disease Management
- Caregiver Support
- Science

24

Exciting and New for our Plan

Basics of Dementia Friendly Communities

25

Dementia Friendly America

- National movement
- Texas one of only a few statewide efforts
- Olivia Mastery – March 3, 2016
- Community Sector Guides
- Coalition building toolkit
- Videos
- Resources
- Website: www.dfamerica.org

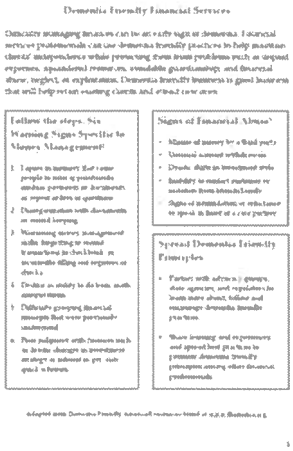
26

Community Sector Guides

- You as a Texan
- Caregivers
- Banks and Financial Services
- Neighbors and Community Members
- Legal and Advance Planning Services
- Businesses
- Health Care Throughout the Continuum
- Independent Living
- Long-Term Care
- Communities of Faith
- Legislators
- Government, Community, and Mobility Planning

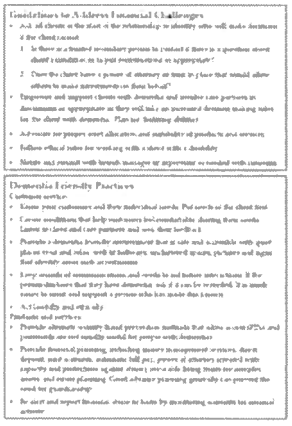
27

Example of Sector Guide



28

Example Sector Guide page 2



29

Other areas of the Plan

- What is AD?
- Related cognitive disorders
- Diversity/Underserved
- Trends in AD
- What's going on in Texas
- Prevention education 2-pager
- Glossary of terms
- Appendices
  - Domain & AD info detail
  - Resources
- Other suggestions?

30

What's Going on in Texas (detail)

- Texas Council on Alzheimer's Disease and Related Disorders (Council)
- Texas Alzheimer's Research and Care Consortium (TARCC)
- Texas Cares (pilot)
- Health and Human Services (HHS)
  - Area Agency on Aging; Aging and Disability Resource Centers (ADRC)
  - Dementia friendly activities
  - Music program
  - Generations United
- Dementia friendly coalitions
  - Ft. Worth
  - Houston
  - Alzheimer's Association – San Antonio

31

Plan helps Texans in many ways

- Make the most of the resources we have
- Encourage a common language
- Show new ways to take responsibility
- Include non-traditional partners
- Provide framework for projects and grants
- Recommend activities based on current trends and what is known about prevention
- Introduce the dementia friendly concepts
- Promote what is already underway in Texas

32

Implementation

- Council
  - Serve as Ambassadors
- Partnership members
  - Become champions in their own communities and organizations
  - Engage in activities from the plan for their own communities
  - Promote the Plan in their communities

33

Implementation cont.

- Dept. of State Health Services (DSHS)
  - Technical assistance to stakeholders
  - Establish partnerships with groups/systems to disseminate the Plan,
    (e.g., Texas A&M, AgriLife, Border Health)
  - Dementia friendly grants
  - Train-the-Trainer event to encourage Champions
  - Webinars for education and sharing success stories
  - Promotion through PSAs and community education

34

Next Steps

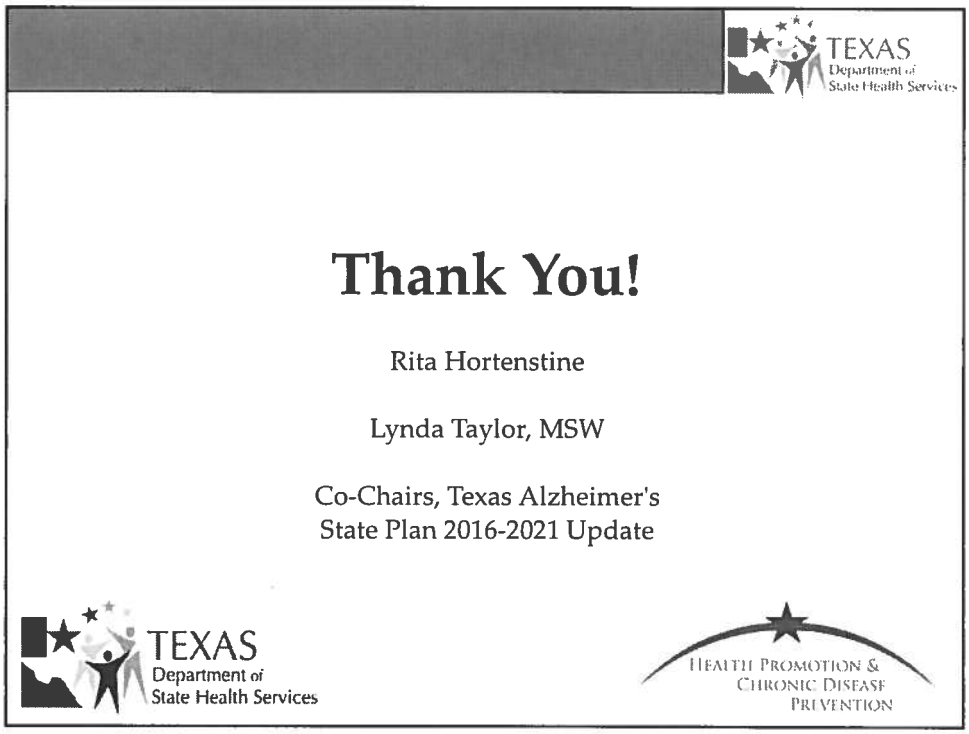
- Final Plan by end of January
- Create a plan to roll out step by step over time
- Start initial promotion of the State Plan
  - Webinars
  - Emails
- Look for ways to evaluate our activities
- Explore ways to create dementia friendly certifications for Texas cities

35

Dementia Friendly Community

A dementia friendly community is where all community members share the responsibility for supporting those living with Alzheimer's and cognitive problems.

36


TEXAS
Department of
State Health Services
Thank You!
Rita Hortenstine
Lynda Taylor, MSW
Co-Chairs, Texas Alzheimer's
State Plan 2016-2021 Update
TEXAS
Department of
State Health Services
HEALTH PROMOTION &
CHRONIC DISEASE
PREVENTION

The Seventeen Priority Goals

DRAFT

Dementia Friendly Communities
Goal 1: Increase the number of communities adopting dementia friendly concepts to improve the lives of persons living with dementia and their family caregivers
Prevention & Aging Well
Goal 2: Increase awareness of current prevention recommendations Goal 3: Increase adoption of healthy lifestyle behaviors based on available evidence Goal 4: Increase the number of communities adopting practices for aging well to help older populations remain in their communities longer
Disease Management
Goal 5: Improve access to dementia friendly healthcare systems Goal 6: Promote early detection and diagnosis Goal 7: Maximize quality of life through treatment Goal 8: Maintain home safety and independence Goal 9: Improve patient care through dementia friendly facilities
Caregiver Support
Goal 10: Enhance levels of support through improved access to AD/dementia care information and services Goal 11: Increase caregivers' awareness of community resources and education Goal 12: Increase caregivers' awareness of and access to respite, legal and financial services Goal 13: Increase employers' ability to support caregivers
Science
Goal 14: Support AD research in Texas Goal 15: Increase collaboration among AD researchers Goal 16: Translate research data into useful information for physicians and the public Goal 17: Increase awareness of and access to clinical trials

Goal 6: Promote early detection and diagnosis

Objective 6.1: Identify persons at risk for cognitive disorders

Strategic Action 1: Promote Medicare Annual Wellness visit to include assessments of mood and cognition

Strategic Action 2: Implement public awareness campaign related to early diagnosis and intervention

Strategic Action 3: Encourage providers to utilize validated assessment tools when assessing for depression and cognitive impairment

Strategic Action 4: Require that policies promoting cognitive assessments include Texans with multilingual and multicultural backgrounds

Strategic Action 5: Promote early detection to the general public through education materials and public service announcements

Objective 6.2: Use appropriate diagnostic resources

Strategic Action 1: Promote primary care and specialist adoption of validated standards of diagnosis according to national guidelines (i.e., AAN Practice Parameter for Diagnosis of Dementia)

Strategic Action 2: Reduce barriers to access of standard laboratory and diagnostic imaging, including for patients who are unfunded or underfunded

Dementia Friendly Financial Services

Difficulty managing finances can be an early sign of dementia. Financial services professionals can use dementia friendly practices to help maintain clients' independence while protecting them from problems such as unpaid expenses, squandered resources, avoidable guardianship, and financial abuse, neglect, or exploitation. Dementia friendly business is good business that will help retain existing clients and attract new ones.

Follow the steps: Six Warning Signs Specific to Money Management[2]

1. Lapses in memory that cause people to miss appointments, confuse payments or documents, or repeat orders or questions.
2. Disorganization with documents or record keeping.
3. Worsening money management skills: forgetting to record transactions in checkbook, or incorrectly filling out registers or checks.
4. Decline in ability to do basic math computations.
5. Difficulty grasping financial concepts that were previously understood.
6. Poor judgment with finances such as drastic changes in investment strategy or interest in get- rich-quick schemes.

Signs of Financial Abuse[3]

- Misuse of money by a third party.
- Unusual account withdrawals.
- Drastic shifts in investment style.
- Inability to contact customer or isolation from friends/family.
- Signs of intimidation or reluctance to speak in front of a care partner.

Spread Dementia Friendly Principles

- Partner with advocacy groups, state agencies, and regulators to learn more about, follow and encourage dementia friendly practices.
- Share learning and experiences and spread best practices to promote dementia friendly principles among other financial professionals.

Adapted from Dementia Friendly America® resources found at www.dfamerica.org.

Guidelines to Address Financial Challenges

- Ask all clients at the start of the relationship to identify who will make decisions if the client cannot.
  1. Is there is a trusted secondary person to contact if there is a question about client's condition or to join conversations as appropriate?
  2. Does the client have a power of attorney or trust in place that would allow others to make investments on their behalf?
- Empower and support clients with dementia and involve care partners in discussions as appropriate as they will take on increased decision making roles for the client with dementia. Plan for declining abilities.
- Advocate for proper asset allocation and suitability of products and services.
- Follow ethical rules for working with a client with a disability.
- Notify and consult with branch manager or supervisor as needed with concerns.

Dementia Friendly Practices

Customer service:

- Know your customers and their individual needs. Put needs of the client first.
- Create conditions that help customers feel comfortable sharing their needs. Listen to client and care partners and seek their feedback.
- Provide a dementia friendly environment that is safe and accessible with quiet places to sit and relax; well-lit hallways; uncluttered spaces; pictures and signs that identify areas such as restrooms.
- Keep records of communications and needs to aid future interactions. If the person discloses that they have dementia, ask if it can be recorded. It is much easier to assist and support a person who has made this known.
- Act lawfully and ethically.

Products and services:

- Provide alternate security/fraud prevention methods that allow access (PINs and passwords are not usually useful for people with dementia).
- Provide financial planning, including money management services, direct deposit, joint accounts, automatic bill pay, power of attorney (created with capacity and protections against abuse), revocable living trusts for complex assets, and estate planning. Good advance planning generally can prevent the need for guardianship.
- Be alert and report financial abuse or harm by monitoring accounts for unusual activity.

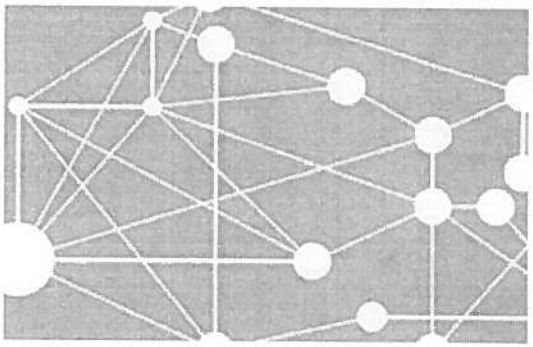
Adapted from Dementia Friendly America® resources found at www.dfamerica.org.

FACULTY

RONALD C. PETERSEN, M.D., PH.D.

Location
Rochester, Minn

Clinical Profile



View my Pure Experts profile

SUMMARY

Ronald C. Petersen, M.D., Ph.D., focuses on investigations of cognition in normal aging, mild cognitive impairment and dementia. Dr. Petersen and his colleagues evaluate cognitive changes in normal aging as well as in a variety of disorders involving impairment in cognition, such as Alzheimer's disease, frontotemporal lobar degeneration and Lewy body dementia.

Dr. Petersen directs the Mayo Clinic Alzheimer's Disease Research Center and the Mayo Clinic Study of Aging, both of which involve the study and

characterization of aging individuals over time with an emphasis on neuroimaging and biomarkers.

Focus areas

- Cognitive function in aging
- Disease course in normal aging, mild cognitive impairment and dementia
- Biomarkers of disease processes, including neuroimaging and cerebrospinal fluid
- Cognitive and biomarker signals of early cognitive impairment
- Development of therapies for cognitive impairment

Significance to patient care

Cognitive dysfunctions, including mild cognitive impairment and dementia, are leading causes of morbidity in aging. With the aging of society, these conditions are becoming increasingly common, and early detection is essential. Ultimately, the interventions will be designed to take place in cognitive dysfunction at its earliest stage.

Professional highlights

- Member, World Dementia Council, 2014-present
- Chair, Advisory Council on Alzheimer's Research, Care, and Services for the National Alzheimer's Project Act, 2011-present
- Board of directors, The Alzheimer's Association, 2008-present
- Cora Kanow Professor of Alzheimer's Disease Research, Mayo Clinic College of Medicine, 2000-present
- Henry Wisniewski Lifetime Achievement Award, Alzheimer's Association, 2013
- Member, National Advisory Council on Aging, National Institute on Aging (NIA), 2010-2013; Board of Scientific Counselors, NIA, 2003-2008
- Zaven Khachaturian Award, Alzheimer's Association, 2012

Gerard D Schellenberg, Ph.D.

Professor of Pathology and Laboratory Medicine
Department: Pathology and Laboratory Medicine
Graduate Group Affiliations

- Neuroscience
- Genomics and Computational Biology

Contact information
Department of Pathology and Laboratory Medicine
University of Pennsylvania School of Medicine
Room 605B, Stellar Chance Laboratories
422 Curie Blvd.
Philadelphia, PA 19104

Education:
B.S. (Biochemistry/minor: Cell Biology)
University of California at Riverside, Riverside, California, 1973.
Ph.D. (Biochemistry/minor: Cell Biology)
University of California at Riverside, Riverside, California, 1978.
Permanent link

Selected Publications

Kouri N, Ross OA, Dombroski B, Younkin CS, Serie DJ, Soto-Ortolaza A, Baker M, Finch NC, Yoon H, Kim J, Fujioka S, McLean CA, Ghetti B, Spina S, Cantwell LB, Farlow MR, Grafman J, Huey ED, Ryung Han M, Beecher S, Geller ET, Kretzschmar HA, Roeber S, Gearing M, Juncos JL, Vonsattel JP, Van Deerlin VM, Grossman M, Hurtig HI, Gross RG, Arnold SE, Trojanowski JQ, Lee VM, Wenning GK, White CL, Höglinger GU, Müller U, Devlin B, Golbe LI, Crook J, Parisi JE, Boeve BF, Josephs KA, Wszolek ZK, Uitti RJ, Graff-Radford NR, Litvan I, Younkin SG, Wang LS, Ertekin-Taner N, Rademakers R, Hakonarsen H, Schellenberg GD, Dickson DW.: *Genome-wide association study of corticobasal degeneration identifies risk variants shared with progressive supranuclear palsy.* Nat Commun. 6: 7247, Jun 2015.

Desikan RS, Schork AJ, Wang Y, Thompson WK, Dehghan A, Ridker PM, Chasman DI, McEvoy LK, Holland D, Chen CH, Karow DS, Brewer JB, Hess CP, Williams J, Sims R, O'Donovan MC, Choi SH, Bis JC, Ikram MA, Gudnason V, DeStefano AL, van der Lee SJ, Psaty BM, van Duijn CM, Launer L, Seshadri S, Pericak-Vance MA, Mayeux R, Haines JL, Farrer LA, Hardy J, Ulstein ID, Aarsland D, Fladby T, White LR, Sando SB, Rongve A, Witoelar A, Djurovic S, Hyman BT, Snaedal J, Steinberg S, Stefansson H, Stefansson K, Schellenberg GD, Andreassen OA, Dale AM; Inflammation Working Group and International Genomics of Alzheimer's Disease Project (IGAP) and DemGene Investigators.: *Polygenic overlap between C-reactive protein, plasma lipids, and Alzheimer disease.* Circulation 131(23), Jun 2015.

Wheeler JM, McMillan PJ, Hawk M, Iba M, Robinson L, Xu GJ, Dombroski BA, Jeong D, Dichter MA, Juul H, Loomis E, Raskind M, Leverenz JB, Trojanowski JQ, Lee VM, Schellenberg GD, Kraemer BC.: *High copy wildtype human 1N4R tau expression promotes early pathological tauopathy accompanied by cognitive deficits without progressive neurofibrillary degeneration.* Acta Neuropathol Commun 3: 33, Jun 2015.

International Genomics of Alzheimer's Disease Consortium IGAP.: *Convergent genetic and expression data implicate immunity in Alzheimer's disease.* Alzheimers Dement 11(6): 658-71, Jun 2015.

Hohman TJ, Cooke-Bailey JN, Reitz C, Jun G, Naj A, Beecham GW, Liu Z, Carney RM, Vance JM, Cuccaro ML, Rajbhandary R, Vardarajan BN, Wang LS, Valladares O, Lin CF, Larson EB, Graff-Radford NR, Evans D, De Jager PL, Crane PK, Buxbaum JD, Murrell JR, Raj T, Ertekin-Taner N, Logue MW, Baldwin CT, Green RC, Barnes LL, Cantwell LB, Fallin MD, Go RC, Griffith P, Obisesan TO, Manly JJ, Lunetta KL, Kamboh MI, Lopez OL, Bennett DA, Hardy J, Hendrie HC, Hall KS, Goate AM, Lang R, Byrd GS, Kukull WA, Foroud TM, Farrer LA, Martin ER, Pericak-Vance MA, Schellenberg GD, Mayeux R, Haines JL, Thornton-Wells TA; Alzheimer Disease Genetics Consortium.: *Global and local ancestry in African-Americans: Implications for Alzheimer's disease risk.* Alzheimers Dement. S1552-5260(15)00190-9, Jun 2015.

Beecham GW, Dickson DW, Scott WK, Martin ER, Schellenberg G, Nuytemans K, Larson EB, Buxbaum JD, Trojanowski JQ, Van Deerlin VM, Hurtig HI, Mash DC, Beach TG, Troncoso JC, Pletnikova O, Frosch MP, Ghetti B, Foroud TM, Honig LS, Marder K, Vonsattel JP, Goldman SM, Vinters HV, Ross OA, Wszolek ZK, Wang L, Dykxhoorn DM, Pericak-Vance MA, Montine TJ, Leverenz JB, Dawson TM, Vance JM.: *PARK10 is a major locus for sporadic neuropathologically confirmed parkinson disease.* Neurology 84(10): 972-80, Mar 2015.

Jun G, Ibrahim-Verbaas CA, Vronskaya M, Lambert JC, Chung J, Naj AC, Kunkle BW, Wang LS, Bis JC, Bellenguez C, Harold D, Lunetta KL, Destefano AL, Grenier-Boley B, Sims R, Beecham GW, Smith AV, Chouraki V, Hamilton-Nelson KL, Ikram MA, Fievet N, Denning N, Martin ER, Schmidt H, Kamatani Y, Dunstan ML, Valladares O, Laza AR, Zelenika D, Ramirez A, Foroud TM, Choi SH, Boland A, Becker T, Kukull WA, van der Lee SJ, Pasquier F, Cruchaga C, Beekly D, Fitzpatrick AL, Hanon O, Gill M, Barber R, Gudnason V, Campion D, Love S, Bennett DA, Amin N, Berr C, Tsolaki M, Buxbaum JD, Lopez OL, Deramecourt V, Fox NC, Cantwell LB, Tárraga L, Dufouil C, Hardy J, Crane PK, Eiriksdottir G, Hannequin D, Clarke R, Evans D, Mosley TH Jr, Letenneur L, Brayne C, Maier W, De Jager P, Emilsson V, Dartigues JF, Hampel H, Kamboh MI, de Bruijn RF, Tzourio C, Pastor P, Larson EB, Rotter JI, O'Donovan MC, Montine TJ, Nalls MA, Mead S, Reiman EM, Jonsson PV, Holmes C, St George-Hyslop PH, Boada M, Passmore P, Wendland JR, Schmidt R, Morgan K, Winslow AR, Powell JF, Carasquillo M, Younkin SG, Jakobsdóttir J, Kauwe JS, Wilhelmsen KC, Rujescu D, Nöthen MM, Hofman A, Jones L; IGAP Consortium, Haines JL, Psaty BM, Van Broeckhoven C, Holmans P, Launer LJ, Mayeux R, Lathrop M, Goate AM, Escott-Price V, Seshadri S, Pericak-Vance MA, Amouyel P, Williams J, van Duijn CM, Schellenberg GD, Farrer LA.: *A novel Alzheimer disease locus located near the gene encoding tau protein.* Mol Psychiatry Mar 2015.

Network and Pathway Analysis Subgroup of Psychiatric Genomics Consortium: *Psychiatric genome-wide association study analyses implicate neuronal, immune and histone pathways.* Nat Neurosci 18(2): 199-209, Feb 2015.

Wang LS, Naj AC, Graham RR, Crane PK, Kunkle BW, Cruchaga C, Murcia JD, Cannon-Albright L, Baldwin CT, Zetterberg H, Blennow K, Kukull WA, Faber KM, Schupf N, Norton MC, Tschanz JT, Munger RG, Corcoran CD, Rogaeva E; Alzheimer's Disease Genetics Consortium, Lin CF, Dombroski BA, Cantwell LB, Partch A, Valladares O, Hakonarson H, St George-Hyslop P, Green RC, Goate AM, Foroud TM, Carney RM, Larson EB, Behrens TW, Kauwe JS, Haines JL, Farrer LA, Pericak-Vance MA, Mayeux R, Schellenberg GD; National Institute on Aging-Late-Onset Alzheimer's Disease (NIA-LOAD) Family Study, Albert MS, Albin RL, Apostolova LG, Arnold SE, Barber R, Barmada M, Barnes LL, Beach TG, Becker JT, Beecham GW, Beekly D, Bennett DA, Bigio EH, Bird TD, Blacker D, Boeve BF, Bowen JD, Boxer A, Burke JR, Buxbaum JD, Cairns NJ, Cao C, Carlson CS, Carroll SL, Chui HC, Clark DG, Cribbs DH, Crocco EA, DeCarli C, DeKosky ST, Demirci FY, Dick M, Dickson DW, Duara R, Ertekin-Taner N, Fallon KB, Farlow MR, Ferris S, Frosch MP, Galasko DR, Ganguli M, Gearing M, Geschwind DH, Ghetti B, Gilbert JR, Glass JD, Graff-Radford NR, Growdon JH, Hamilton RL, Hamilton-Nelson KL, Harrell LE, Head E, Honig LS, Hulette CM, Hyman BT, Jarvik GP, Jicha GA, Jin LW, Jun G, Jun G, Kamboh MI, Karydas A, Kaye JA, Kim R, Koo EH, Kowall NW, Kramer JH, LaFerla FM, Lah JJ, Leverenz JB, Levey AI, Li G, Lieberman AP, Lopez OL, Lunetta KL, Lyketsos CG, Mack WJ, Marson DC, Martin ER, Martiniuk F, Mash DC, Masliah E, McCormick WC, McCurry SM, McDavid AN, McKee AC, Mesulam WM, Miller BL, Miller CA, Miller JW, Montine TJ, Morris JC, Murrell JR, Olichney JM, Parisi JE, Perry W, Peskind E, Petersen RC, Pierce A, Poon WW, Potter H, Quinn JF, Raj A, Raskind M, Reiman EM, Reisberg B, Reitz C, Ringman JM, Roberson ED, Rosen HJ, Rosenberg RN, Sano M, Saykin AJ, Schneider JA, Schneider LS, Seeley WW, Smith AG, Sonnen JA, Spina S, Stern RA, Tanzi RE, Thornton-Wells TA, Trojanowski JQ, Troncoso JC, Tsuang DW, Van Deerlin VM, Van Eldik LJ, Vardarajan BN, Vinters HV, Vonsattel JP, Weintraub S, Welsh-Bohmer KA, Williamson J, Wishnek S, Woltjer RL, Wright CB, Younkin SG, Yu CE, Yu L.: *Rarity of the Alzheimer disease-protective APP A673T variant in the United States.* JAMA Neurol 72(2): 209-16, Feb 2015.

Maier R, Moser G, Chen GB, Ripke S; Cross-Disorder Working Group of the Psychiatric Genomics Consortium, Coryell W, Potash JB, Scheftner WA, Shi J, Weissman MM, Hultman CM, Landén M, Levinson DF, Kendler KS, Smoller JW, Wray NR, Lee SH.: *Joint analysis of psychiatric disorders increases accuracy of risk prediction for schizophrenia, bipolar disorder, and major depressive disorder.* Am J Hum Genet 96(2): 283-94, Feb 2015.

Last updated: 09/30/2016

GS

Faculty

Full Faculty List

Neurosciences Faculty

Adjunct Faculty

Information for Faculty

Service Opportunities

Douglas R. Galasko, MD

Professor In Residence

Contact Information
VAMC (SD) Room: 2296B

Email: dgalasko@ucsd.edu
Phone: 858-552-8585 ext 3685

Mailing Address:
9500 Gilman Drive # 0948
La Jolla, CA 92093-0948

Profile | Research | Publications

Dr. Galasko is a clinician-researcher who focuses on Alzheimer's Disease, Parkinson's Disease and other disorders resulting in cognitive impairment and dementia. He currently serves as Director of the UCSD Shiley-Marcos **Alzheimer's Disease Research Center** (ADRC). He is a member of the **Alzheimer's Disease Cooperative Study**, a NIH-funded consortium of medical Centers that conducts clinical trials in Alzheimer's Disease.

In clinical practice, he provides expert evaluation and comprehensive care for patients with memory and cognitive disorders, including Alzheimer's Disease, Frontotemporal Dementia, Progressive Aphasia, and Dementia with Lewy Bodies, at the **UCSD Perlman Neurology Clinic**.

He also is a Staff Physician in the Neurology Service of the **VA Medical Center, La Jolla**, where he sees patients with a variety of neurological disorders.

Dr. Galasko has made significant original research contributions in the area of Alzheimer's disease (AD), dementia with Lewy bodies (DLB) and other disorders associated with cognitive impairment and dementia. He has authored 250 journal articles, over 30 book chapters, and serves as Co-Editor of the journal Alzheimer's Research and Therapy. He has served on committees to develop diagnostic criteria for Dementia with Lewy Bodies and to standardize biological sample collection for multicenter research studies.

He has received research funding from the National Institute on Aging, the State of California, the Alzheimer Association, the Michael J Fox Foundation and the Alzheimer's Disease Drug Discovery Foundation. He also has conducted clinical trials with funding from Pfizer, Elan, and Eli Lilly, Inc.

He serves as a grant reviewer for the National Institutes of Health, the Veterans Administration, and Foundations that include the Michael J Fox Foundation, the Bright Focus Foundation, and the American Federation for Aging Research. He serves on advisory boards for academic research groups and pharmaceutical companies.

DG 5

Kristine Yaffe, MD

Title Professor of Psychiatry, Neurology and Epidemiology
Roy and Marie Scola Endowed Chair
Vice Chair of Research in Psychiatry
School UCSF School of Medicine
Department Psychiatry
Address 4150 Clement St
San Francisco CA 94121
Phone 415-221-4810x3985
Email Kristine.Yaffe@ucsf.edu
vCard Download vCard

Education and Training | Overview | Websites | In The News | Awarded Grants | Global Health | Featured Videos | Publications

Education and Training

Yale University	BS	Biology-Psychology
University of Pennsylvania	M.D.	School of Medicine
University of California, San Francisco	Residency	Neurology and Psychiatry

Overview

Kristine Yaffe, MD, is a Professor of Psychiatry, Neurology and Epidemiology, the Roy and Marie Scola Endowed Chair and Vice Chair of Research in Psychiatry at UCSF. Dr. Yaffe is dually trained in neurology and psychiatry and completed postdoctoral training in epidemiology and geriatric psychiatry, all at UCSF. In addition to her positions at UCSF, Dr. Yaffe is the Chief of Geriatric Psychiatry and the Director of the Memory Disorders Clinic at the San Francisco Veteran's Affairs Medical Center. In her research, clinical work, and mentoring, she has worked towards improving the care of patients with cognitive disorders and other geriatric neuropsychiatric conditions.

Dr. Yaffe's research has focused on the predictors and outcomes of cognitive decline and dementia in older adults. She is particularly interested in identifying novel risk factors for cognitive impairment that may lea... Show more

Websites

- The Kristine Yaffe Lab
- Sugar Science

In The News

- Long-term marijuana use associated with worse verbal memory in middle age (February 2, 2016)
- New research connects low physical activity levels with decline in midlife cognitive function (December 4, 2015)

Awarded Grants

Kristine's Networks

Related Concepts
Derived automatically from this person's publications.
Alzheimer Disease
Dementia
Cognition Disorders
Cognition
Aging
» See all (584) concept(s)

Co-Authors
People in Profiles who have published with this person.
Byers, Amy
Covinsky, Kenneth
Gardner, Raquel
Barnes, Deborah
Kaup, Allison
» See all (116) people

External Co-Authors
People at other institutions who have published with this person.

Related Authors
People who share related concepts with this person.
Miller, Bruce
Cummings, Steve
Kramer, Joel
Weiner, Michael
Glymour, Maria
» See all (60) people

EAC Recommendations

June 5-6, 2016 Review of TARCC

Cohort

1. Concerned about the lack of homogeneity of the cohort and uniformity of diagnoses - perform an intra-site reliability exercise across sites for consensus diagnosis, including MCI subcategories.

2. Consider a diagnostic reliability exercise between the UTHSC SA and UNTHSC MA cohorts. Has not been done per Barber. See footnote 1

3. Are sites different clinically, if yes we need to know why.

4. Are we convinced that we are diagnosing clinical AD, particularly with respect to Mexican Americans?

5. Hispanic NORMS are used at UTHSCSA that were developed by O'Bryant. If all sites enroll MAs, do they use Sid's NORMS, and should they be included in the TARCC battery?

6. Evaluate consensus process at all sites.

7. Concerned that the TARCC cohort is not deeply clinically phenotyped. Stated you can't presume MCI in TARCC is due to AD pathology.

8. - Critical that converters across sites are classified the same way. Joan has been looking at this.

9. Deficiency of cohort – biomarkers. Note Rachelle wants entire cohort characterized on Ballantyne analytes on at least two time points, three preferable. Discussion – is it too expensive to catch up at this point? Is it priority?

10. We are playing catch up with biomarkers, which is difficult.

11. The strongest advice is to leverage the Mexican American cohort by spreading Mexican American enrollment across all sites.

12. Something to meet challenges of great distances may be needed – look at technological opportunities – home and web based assessments.

13. No imaging, CSF or neuropathology - All other national studies have these. Imaging is critical, at least MRI based protocols.

14. UT Austin should consider a special imaging project for a subset of TARCC participants.

15. Need to ensure that our consent form allows for genetic sequencing (Marilyn Miller is contact at NIH).

16. New aims need to be developed that take advantage of work to date.

Rec 1

17. Individual sites are well developed, but the whole needs to be emphasized. Is the sum greater than its parts? Need to dig deeper into biomarkers, reliability, and a strategy for getting TARCC on the map. Multi-site trial network might be of interest.

18. More cross pollination is desirable.

Staffing

1. Add Joan (Data Center) and Ryan (Tissue Bank) to Steering Committee calls.

2. Is adequate professional time allocated at all sites?

3. Processing time is on the order of ~4-5 months for error checks and corrected packets.

Productivity

1. Manuscript productivity needed in high impact journals.

2. More work and thought needs to be put into multi-site proposals – incorporate into strategic plan.

3. Grants need to be submitted on entire TARCC cohort - Value of a program is indicated by the number of R01s that spin off.

4. Inform Dallas Anderson at NIH of our MA cohort and what we do.

Other

1. EAC should meet annually.

2. A state AD conference with a TARCC focus should be considered.

Recommendation to the Texas Council

It is strongly suggested that the Council choose and work with a site to locate a nationally prominent senior scientist with expertise in AD and related dementias to be part of the Neurology faculty at the medical school and a significant % of time to senior science for TARCC and that the Council supplement holding cost for the position as financially necessary.